



CalPERS
Education Center

What you need to know...
Health Benefits Into Retirement



Class Agenda

Eligibility

Health Vesting Requirements

Changing Plans

Life Events

Health Plan Types

Dental and Vision

Medicare Eligibility

Medicare Parts A - D

CalPERS Medicare Enrollment

Medicare Reimbursement

Resources



Eligibility

As a retiree if:

State and CSU employees

- Retire within 120 days of separation
- Monthly allowance
- Eligible for health at separation



Eligibility

As a retiree if:

Contracting Agency employees

- Retire within 120 days of separation
- Monthly allowance
- Contract for your specific bargaining group



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Health Benefits Into Retirement

Eligibility

If separation and retirement dates are:

- Within 30 days
- Between 30 days and 120 days
- More than 120 days apart





Eligibility

Family members:

- Enrolled at retirement
- Enrolled after retirement
 - Loss of coverage
 - Open Enrollment
 - Qualifying event





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Health Vesting Requirement

- State of California and some contracting agencies
- School and Public Agencies
 - Contact your employer
- State disability, CSU and legislative retirees



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Health Vesting - State Retirees Only

First hired by State before 1/1/1985:

No vesting criteria = 100 percent of the State's health contribution rate



Health Vesting - State Retirees Only

First hired by State 1/1/1985 through 01/01/1989:

Years of CalPERS Service Credit	Percentage of State's Share of Premium
Less than 10 years	Prorated based on years of service
10 years or more	100 percent



Health Vesting - State Retirees Only

First hired by State after 1/1/1989:

Years of State Service Credit	Percentage of State's Share of Premium
10 years	50 percent
11 through 19 years	50 percent + 5 percent for each completed year over 10 years
20 or more years	100 percent



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Changing Your Plan

- Open Enrollment
- Medicare eligibility
- Qualifying events





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Life Events

Report to CalPERS immediately:

- Marriage / registered domestic partnership
- Divorce / termination of partnership
- Death of a member / family member
- Medicare
- Moving





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Preferred Provider Organization (PPO)

- PERSCare*
- PERS Choice*
- PERS Select

*Available to members living outside of California



Health Maintenance Organizations (HMO)

- Blue Shield of California
 - Blue Shield Access+
 - Blue Shield NetValue
 - Blue Shield Advantage
 - Blue Shield NetValue Advantage

- Kaiser Permanente*

*Available to members living outside of California in limited areas.



Association Plans

- Peace Officer Research Association (PORAC)*
- California Association of Highway Patrolmen (CAHP)*
- California Correctional Peace Officers Association (CCPOA)

Note: Pay your dues

*Limited coverage and availability to members living outside of California



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Dental

State / CSU

- Retire within 120 days of separation, and
- Receive a monthly allowance

Note: Department of Personnel Administration or the CSU Chancellor's Office

School and Public Agency employees contact your employer



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Vision

State / CSU

- Premium paid by retiree
- Vision Services Plan (VSP)
 - (800) 877-7195
 - www.vsp.com

School and Public Agency employees check with your employer



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Medicare Eligibility

Federal health insurance:

- Age 65 +
- Under age 65
- End-Stage Renal Disease





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Medicare Part A

- Individuals age 65 or older
 - Premium-free Part A
 - Not entitled to premium-free Part A
 - Option to purchase Part A
- Under 65 with certain disabilities





Medicare Part B

- Enroll at age 65 or under 65 with certain disabilities
- Initial Enrollment Period
- 10% penalty
- Enroll during SSA General Enrollment Period
- Transfer to a CalPERS Medicare health plan



Medicare Part B

Special enrollment period:

- Actively working beyond age 65
- Covered by an active employer group health coverage
- Within 60 days of separation from employment
 - Contact Social Security
 - Notify CalPERS





Medicare Part C

CalPERS offers two:

- Kaiser Permanente Senior Advantage (KPSA)
- Blue Shield Advantage 65 Plus

Note: These two plans are not available in all areas.



Medicare Part D

- Voluntary prescription drug benefit
- Included in CalPERS health plans
- Do not enroll yourself in a non-CalPERS Part D plan
- Kaiser Permanente Senior Advantage and Blue Shield Advantage 65 Plus



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CalPERS Medicare Enrollment

Enrollment is required if:

- Retired
- Eligible for Medicare Parts A and B

Enrollment is not automatic.

- Certification of Medicare Status form
- Supporting documentation

A sample Medicare Health Insurance card for Jane Doe. The card features a red header with 'MEDICARE' and 'HEALTH INSURANCE' separated by the Medicare seal. Below the header is the toll-free number 1-800-MEDICARE (1-800-633-4227). The beneficiary's name is JANE DOE. The Medicare claim number is 000-00-0000. The card indicates entitlement to Hospital (Part A) and Medical (Part B) insurance, both effective as of 07-01-1986. A large red 'SAMPLE' watermark is diagonally across the center. At the bottom left, there is a 'Show HERE' label with a blue arrow pointing to a blank line for a photo.

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER 000-00-0000		SEX	
IS ENTITLED TO HOSPITAL MEDICAL		EFFECTIVE DATE (PART A) 07-01-1986 (PART B) 07-01-1986	
Show HERE →			



CalPERS Medicare Enrollment

- Notification Process
 - 1) Initial notice
 - 2) Reminder notice
 - 3) Notice of cancellation
- Certification of Medicare Status Form
- Cancellation of health coverage





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Health Benefits Into Retirement

Certification of Medicare Status Form



Certification of Medicare Status

Please complete **Section 1, and either Section 2, 3 or 4**. Sign and date the form and return it to CalPERS at address listed below.

Section 1: Please enter the Member's/Dependent's name and Social Security Number

CalPERS Retiree Name:	CalPERS Retiree Social Security Number:
Member/Dependent Age 65 or older:	Member/Dependent Social Security Number:

Section 2: For Member/Dependent Enrolled in Medicare Parts A and B

☐ I am enrolled in Medicare Part A and Medicare Part B. This is the information reflected on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration.

Name of Medicare Beneficiary
Medicare Claim Number
HOSPITAL (PART A) effective date
MEDICAL (PART B) effective date

Section 3: For Member/Dependent claiming Medicare Ineligibility

☐ I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check both boxes that apply to you.)

<input type="checkbox"/> I did not work for <u>any</u> Social Security covered employment.
<input type="checkbox"/> I worked for Social Security covered employment, but have less than 40 quarters.
<input type="checkbox"/> I do not have a spouse (current, former or deceased) that qualifies me for Medicare Part A.

Section 4: For Member/Dependent who works and has Employer Group Health Plan coverage

☐ I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.

1. Name of your current employer
2. Name of your Group Health Plan provided by your employer

Under penalty of perjury, I certify that the above information is true and complete.

Signature _____ Date _____
(_____) _____

Daytime telephone number _____

Office of Employer & Member Health Services
P.O. Box 942714
Sacramento, CA 95229-2714
(888) CalPERS 225-7377

PERS08M0021DMC (06/2004)

WEB



CalPERS Medicare Enrollment

Enrollment in Medicare Parts A and B

Section 2: For Member/Dependent Enrolled in Medicare Parts A and B

☐ I am enrolled in Medicare Part A and Medicare Part B. This is the information reflected on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration:

Name of Medicare Beneficiary _____

Medicare Claim Number ____ - ____ - ____ - ____

HOSPITAL (PART A) effective date ____ - ____ - ____

MEDICAL (PART B) effective date ____ - ____ - ____



CalPERS Medicare Enrollment

Ineligible for Medicare

Section 3: For Member/Dependent claiming Medicare Ineligibility

☐ I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check both boxes that apply to you.)

- ☐ I did not work for any Social Security covered employment.
- ☐ I worked for Social Security covered employment, but have less than 40 quarters.
- ☐ I do not have a spouse (current, former or deceased) that qualifies me for Medicare Part A.



CalPERS Medicare Enrollment

Defer enrollment

Section 4: For Member/Dependent who works and has Employer Group Health Plan coverage

☐ I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.

1. Name of your current employer

2. Name of your Group Health Plan provided by your employer



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Medicare Reimbursement

- State of California / CSU retirees
- Reimbursement amount
- Public agency and school retirees





Medicare Reimbursement

Income Related Monthly Adjustment Amount (IRMAA)

- Part B premiums based on individual incomes
- SSA adjusts premiums annually
- Additional Medicare Part B reimbursement.



- myCalPERS member website at my.calpers.ca.gov
- CalPERS On-Line website at www.calpers.ca.gov
- Medicare website at www.medicare.gov
- Centers for Medicare & Medicaid Services at www.cms.hhs.gov
- CalPERS Medicare Enrollment Guide
- CalPERS Health Program Guide
- CalPERS Health Benefits Summary
- Health Plan Evidence of Coverage (EOC)
- CalPERS 1(888)CalPERS or 1(888)225-7377
- SSA - Medicare Hotline 1(800)772-1213